A CLINICAL REASONING WORKBOOK

Sometimes the Guilt Is Right

When teshuva comes into the therapy room

> “I’m a terrible person. It’s almost Rosh Hashanah, and I keep yelling at my children.”

What would you say next?

You might question what makes her a terrible person. Help her apologize. Ask where she learned to speak to herself that way.

Any of those might help. First, I want to understand what’s happening.

What does “terrible person” mean to her? What does she do next?

One client needs help apologizing. Another has apologized twelve times and needs help stopping. We need to know which problem we’re treating.

Let’s work through it together.

I’ll show you how I’d assess the problem, choose an intervention, and check whether it helped. Then you’ll try two cases and compare your reasoning with mine.

You can use this without watching the webinar. The cases are made up for teaching. Page 9 is a worksheet for a case of your own.

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Type in the answer boxes or print and write. Save a copy to keep your notes.

What do I need to understand?

My job is to help people make the changes they want to make. These three questions help me figure out where to start.

1. “Walk me through what happened.”

Choose one incident. What happened before, during, and after? What did she and the children say and do? What thoughts, feelings, sensations, and urges did she notice?

Get specific about “yelling.” A raised voice and screaming threats are different situations. If there is danger, protecting the child comes first.

2. “What does ‘terrible person’ mean?”

Does she mean she frightened her child? That good mothers never get frustrated? That her children don’t love her? Ask. The words matter because they affect how she feels and what she does.

3. “Why is this important to you?”

Perhaps she wants her children to feel safe. Perhaps she needs certainty that she is good. Perhaps disappointing someone means she is unlovable. If I don’t understand why it matters to her, my intervention may miss the problem.

What would you ask next?

Choose a question whose answer could change what you do.

Write two possible answers. What would you ask or do after each?

For example: does she withdraw after calling herself terrible, or ask someone to reassure her?

A diagnosis helps guide treatment. Understanding what keeps this problem going tells us where to intervene.

What is the emotion telling her to do?

Shame and guilt often get lumped together. They can show up after the same event and move us in different directions.

Shame: “Something about me is unacceptable.”

The urge is often to hide. Shame can protect us from rejection. Sometimes it makes sense to keep something private. That doesn’t mean there is something wrong with us.

But if she hides from her child after yelling, she may never get to the conversation that needs to happen.

Guilt: “I did something against my values.”

The urge is often to repair. When we’ve hurt someone, that can be helpful. Feeling guilty doesn’t prove we did something wrong, though. And feeling worse doesn’t necessarily help us do better.

> Does the emotion fit what happened?
> What does following its urge accomplish?

Check the intensity and duration too. Even when there is something to repair, guilt can become so consuming that the person gets stuck.

This is why I love talking about teshuva.

I have a lot of opinions this time of year. Helping people change is my job. Teshuva asks us to admit what we did, regret it, stop doing it, and commit to doing differently. When we’ve hurt someone, we also have repair to do with that person.

One of my favorite connections is how much that resembles DBT’s work on responding to guilt. There’s something to do with the feeling.

Teshuva is a good thing. I want my clients to be able to sit with having done something wrong, take responsibility, and change. If shame is keeping them from doing that, we have work to do.

When shame blocks repair

She shouted at her daughter during the morning rush. Her daughter cried. Afterward, she thought, “I’m disgusting. I’m just like this.” She avoided her daughter that evening. They never talked about what happened.

Here’s what I’m treating.

She wants to stop yelling. But after yelling, she attacks herself and withdraws. The repair and the plan for next time never happen.

First, I’d explain that and see whether it makes sense to her.

> “When you tell yourself you’re disgusting, does that help you go back to her? Or does it make that harder?”

“But I don’t want to let myself off the hook.”

“Good. I don’t want that either. What would taking responsibility look like this evening?”

Then we practice.

“I’m sorry I shouted at you this morning. That wasn’t okay.”

Help her listen to her daughter without asking the child to make her feel better. If shame overwhelms her, rehearse the conversation in session: “What happens inside as you imagine saying that?” Practice staying present with the feeling.

Then look at the morning. Where could she interrupt the sequence? One possible plan: “When I notice my voice rising, I’ll pause, lower my voice, and give one clear instruction.” Rehearse it. What might get in the way?

Don’t drop the intervention next session.

Did she go back to her daughter? Did she try the plan? Was there less yelling, or less severe yelling?

If something worked, find out what helped her do it. If it didn’t, find out where she got stuck. That tells you what to work on next.

Want feedback on decisions like these in your own cases? The Institute invitation is on page 10.

When the apology doesn’t feel finished

Try this before turning the page.

A mother snapped at her son. She apologized, and he accepted it. Later she asked whether he was sure he forgave her. Then she asked again. Each answer helped for a few minutes. By bedtime, she was reviewing the conversation and asking her husband whether she had apologized properly.

> “I know he said it’s okay. But what if he didn’t mean it?”

1. What would you ask about the repeated asking?

2. What do you think is keeping it going? Which detail supports that?

3. If you’re right, what would you practice together?

How would you address the repeated asking while allowing for any repair still needed?

4. What would count as progress even if she still felt uncertain?

What is the next apology supposed to do?

Here’s what I’d ask.

“What are you hoping his next answer will settle? What happens if you don’t ask?”

I’m looking at the sequence: doubt, asking, relief, then doubt again. I’d also check whether there is harm she hasn’t addressed.

If the asking is a compulsion

We’d plan exposure and response prevention together. For example: notice the urge to ask again and continue with the evening without asking her husband or mentally replaying the apology instead.

Explain why: “Each answer helps for a few minutes, and then you need another. Let’s practice what you can do when the doubt comes back.”

Be warm. Validate how hard it is. Avoid giving the reassurance that keeps the ritual going.

What would show that it helped?

Less repeated asking. Less reviewing. Continuing with her evening while still feeling uncertain. She doesn’t have to feel calm for the practice to count.

Any harm still needs attention. Reducing a ritual doesn’t mean withholding needed repair.

And if she says, “I don’t feel forgiven”?

“Forgiven by whom? What were you expecting to feel? What have you been doing to try to feel that?”

Those answers tell us more than the phrase alone.

Keep her values in the work.

I want my clients to keep Torah and mitzvos and be able to do teshuva. We need to understand when repeated asking has become a search for certainty.

A halachic question belongs with a qualified rav. With the client’s consent, speak to the rav so you understand the relevant halacha and he understands the clinical concern. Repeated consultation can become part of the ritual too.

“I yelled. Now I have to make it up to her.”

Try this before turning the page.

A client’s sister asked for a ride. The client had an appointment and said she couldn’t help. Her sister kept pushing, and the client yelled.

“If I yelled, it means I’m terrible,” she tells you. “I know I couldn’t drive her, but I was out of control.”

She is considering canceling her appointment to give her sister the ride: “After the way I spoke to her, I don’t deserve to put my own plans first.”

1. What do you need to know about the refusal and the yelling?

Consider what she had agreed to and what she actually said and did.

2. If declining was reasonable, what might she still need to repair?

3. What would change if she had promised the ride?

Explain how that would affect your next intervention.

What is hers to take responsibility for?

Start with what happened.

Had she promised the ride? Was there an emergency? What did “yelling” involve? Declining the ride may have been reasonable. How she spoke may still need repair.

Ask about the thoughts before and after.

“What went through your mind when she kept pushing? What did you tell yourself afterward about having yelled?”

“She never respects my time” might help explain the anger. “I’m terrible, so I have to give in” might explain the decision to cancel. I’d want to understand what each belief means to her and how it affects what she does.

> “Does apologizing for how you spoke mean you have to cancel your appointment?”

If she hadn’t promised the ride and declining was reasonable, we might rehearse: “I’m sorry I shouted. That wasn’t okay. I still can’t drive you.” Then practice how she could respond when her sister pushes again.

If she had promised, there may also be a broken commitment and a practical problem to address. Canceling could be a reasonable solution. I’d ask what she is trying to accomplish by doing it.

Pay attention to how she responds to you.

If she feels invalidated and keeps explaining how hard her sister pushed, ask: “What am I missing about that moment?” You may need to understand more before continuing.

If she keeps asking you to confirm that she isn’t terrible, and each answer brings brief relief, assess whether reassurance is becoming part of the problem.

Next session: what did she repair? What did she decide about the ride? How did she handle further pressure? Use that information to decide what comes next.

Bring this to one case.

What am I trying to change? How will I know whether this helps?

Use a deidentified case. Fill in questions 1-5 as you plan the work. Return to question 6 when you review what happened.

1. What happened, including what the client did afterward?

Choose one incident. Include thoughts and feelings that help explain the sequence.

2. What might be keeping the problem going? What supports that?

What do you still need to understand before choosing an intervention?

3. What specific change are you and the client working toward?

For example: have the repair conversation; reduce repeated checking; keep an appropriate limit.

4. What will you explain or practice together?

5. What will you check next session to see whether it helped?

Name something you and the client can observe.

6. After reviewing the practice: what happened, and what will you do next?

Would you like to work on this together?

Where did you get stuck? Knowing what to ask? Deciding what to practice? Figuring out whether it helped?

That's the work we'll be doing in the **Therapy Should Work Training Institute**: bringing assessment, conceptualization, and intervention together in your clinical work, with practice and feedback.

One year. A cohort of 24 frum therapists.

We start with critical clinical skills: understanding people, problems, change, and what helps change last. Then we build on those skills through a protocol track:

Cognitive Processing Therapy for PTSD
Exposure and Response Prevention for OCD
Parent Management Training for childhood disorders

We'll learn a treatment on top of those skills, so you learn how to learn the next one.

If this is the training you want, I'd like you to apply.

You don't need to have had the same answers as me. You do need to be willing to examine your decisions, practice, get feedback, and revise.

Read the prospectus for the program details. If the training fits your goals and you can commit to the work, complete the application.

Apply to this cohort
therapyshouldwork.com/the-institute

Enter your name and email to receive the prospectus, Open House recording, and application. Already have them? Your next step is to complete the application in your inbox.

Have a question about fit? The Institute page also offers a 15-minute call with me.

For clinical care and referrals: The CBT/DBT Center.